								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003										0)	7	602	121	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			24				١	RATE	T	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			<i>I</i> l∉ minus 20=		- 6			XS 9=			OR	X\$18=	108	
INDEPENDENT CLAIMS			minus 3 =				Ì	X43=			OR	X86=		
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT	······································			ı	+145=		···	OR	+290=		
• if	the difference	e in column 1 is	less than zero, enter "0" in column 2			Ł	TOTAL			OR	TOTAL	878		
CLAIMS AS AMENDED - PART II											_	OTHER		
_		(Column 1)	1	(Colun		(Column 3)	_	SMAL		ENTITY O		SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		E		X\$ 9=			OR	X\$18=		
AME	Independent	<u> -</u>	Minus	***		=	ſ	X43=	T		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+145=	T		OR	+290=		
								TOTA	_			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEI	E L		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGHE		2050514	Γ		1	ADDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**	•	=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	r	X43=	1		OR	X86=		
	PIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			+145=	T		OR	+290=		
							L	TOTAL	╁╴	—	AD L	TOTAL	. •	
									E L		. n	DDIT. FEE	<u> </u>	
		(Column 1)		(Colum HIGHE		(Column 3)	_				•			
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE	l	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	det.		=	Γ	X\$ 9=			OR	X\$18=	-	
	Independent		Minus	***		=	T	X43=			ا م	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	╂		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									Ļ		OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OP TOTAL ADDIT. FEE														
ī	he "Highest Num	ber Previously Paid	For (Total or	Independer	nt) is the	highest number fo	ounc	d in the ap	pprop	riate box	in colu	mn 1.		